Written on FEBRUARY 15, 2012 AT 8:20 AM *by* PROSS

Navigating Through Smoke, Confusion, Avoidance and Fear (Part 1 of 3)

Filed under UNCATEGORIZED [NO COMMENTS]

By Capt. Richard Stoltz, commanding officer, Naval Hospital Guantanamo Bay and commander, Joint Medical Group. Stoltz is a clinical psychologist who began his Navy career in 1986.

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An Example From The Past

Two decades ago a senior military service member asked if I could hypnotize him to stop smoking. His wife and children were adamant that he stop and were growing increasingly impatient with him. He also wanted to stop and had previously tried other treatment methods but could not understand why they all failed.

I agreed to help him and asked how he preferred to relax. He told me that he had a favorite place on the outer banks of North Carolina where he spent a few days almost every year. He found those days along the Atlantic Ocean to be among the most relaxing days in his life. I requested that he describe the scene in detail and then asked him to consider closing his eyes and imagining himself sitting along the shoreline.

"While you are doing that, I will repeat details of that scene to you and ask you to tell me whatever it is that you are imagining with your eyes closed. And, then, when you are very comfortable and peaceful seeing yourself peering out over that inspirational shoreline at the outer banks and watching those waves so beautifully roll in and out, I'll ask you to start walking along the shoreline at your own pace. Eventually, you'll see a bend in the shoreline. When you take a turn around that bend, you'll encounter something that will help you better understand what you need to do to stop smoking. And, when you do, we'll talk about it."

The service member closed his eyes and imagined sitting on the shore. As I described the details of the outer banks to him, he told me what he was seeing. I asked him to touch the sand with his fingers and watched as he dropped his right hand down toward the floor of my office. I asked if he could feel the sand. "Yes," he said.

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"Whenever you're ready you can begin to walk along the shore."

"I just stood up and started walking." Eventually, he mentioned seeing a bend in the distance. Seconds later, he added, "I'm making the turn now."

Suddenly, his head dropped and his lips parted. It was clear that he was stupefied by whatever he was seeing. After he stewed in a state of bewilderment for nearly a minute, I whispered, "Whenever you're ready, you can tell me what you're seeing."

"I'm seeing myself," he said. "I'm smoking a cigarette and looking like a truck-drivin', horse-gallopin' kinda guy! I've got that rough and gruff look: black and red checkered shirt, cowboy hat and worn blue jeans. I look like I can fix anything and prevail over everything. I'm enjoying my smoke and feeling good and strong. I can't give up being this way."

"What you don't want to give up is ____?"

He shook his head several times before replying, "I can't give up my masculinity."

"But, you can stop smoking without giving up your manhood."

"How?" he asked.

"Talk to the man who is smoking that cigarette," I suggested. "Let him know that it is time to say goodbye, that all that masculinity and virility remains with you whether you smoke or not. Tell him that your wife wants the man you are without the smoke, without the cigarettes, without the ashes. Tell him that your children want a healthier, smoke-free father. They don't want to see you dying of lung cancer. Your wife is convinced that you will actually be more masculine and virile without that smoke taxing your breathing, without that smoke bringing disease to your body, without you wheezing just trying to climb the stairs. You are a stronger man without smoking, a better husband without smoking and a better father without inhaling black poison. And, as you say all this to this dying image of yourself, you will be more and more ready to let that false image go. You are becoming increasingly aware of how much that image has harmed your health and kept you from being as strong as you can become."

The service member squirmed.

I continued, "Are you ready to say goodbye to that smoker, knowing you're healthier and more potent without him?"

"Yes," he replied.

"I would like you to consider turning that smoking man into a statue. Just take as much time as you need to let him turn into stone."

"Can you see him now as a stone statue?"

"Yes," he nodded.

"And now are you ready to turn that stone into sand?"

"Yes," he nodded.

"Let me know when you see him as a sand statue?"

"He's turning to sand now."

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"Now, let the waves of the ocean come closer and closer into the shore, as if it is now high tide, and let those waves begin to touch that sand statue, and slowly wash that sand out to sea."

The patient was deeply absorbed and didn't move a muscle.

"Can you see this happening?"

"Yes, the statue is going away."

"It's going far, far away out to sea and it will never come back together again," I affirmed.

As far as I know, this man never smoked again. He had desperately wanted to stop but could not do it without help. He was not aware of the internal fears that prevented him from achieving what he so desperately wanted to accomplish.

A Complex Challenge Today

Today there are hundreds of thousands of American service members who return from deployments with confusion and fear that they do not fully understand. While deployed they witnessed gruesome events, such as the aftermath of IED explosions and the smoke and commotion of battle. Once returned to the United States, many of them desperately want to sleep better at night but can't. They long to feel more peaceful inside. They yearn to be better spouses, better parents but aren't sure how to make that happen. They may notice an increase use of alcohol but have trouble cutting down. However, no matter what they do, they experience intrusive turmoil inside of themselves.

Some of these service members may keep trying to convince themselves that their problem is not that serious so they do not seek professional assistance. Some seek some form of help but do not feel fully understood and are disappointed with the results. Since their efforts to address their confusion and anxiety are not successful, they more desperately search for ways to block and avoid their inner malaise. Avoidance may temporarily appear to work, but that relief is usually short lived and runs the risk of becoming self destructive.

Regardless of their personal motivation or the amount of support they receive from their family and friends, they continue to feel uneasy and may engage in behavior disturbing to those around them. Just like the man who tried to stop smoking, they do not realize how their inner dynamics prevent them from healing. Nonetheless, just like that smoker, they might try several treatment methods before finding one that works. When they do, some have problems so complex and severe that even the best and most experienced providers have difficulty achieving positive results in a short period of time.

Monumental efforts have been made to increase resources to help these service members. Research on optimum ways to assist has greatly intensified; however, as a growing number experience repeated deployments during our nation's longest war, the demand to provide more effective clinical interventions is increasing at an alarming rate. Failure to meet these treatment challenges will likely result in long term mental disabilities for many thousands of our nation's heroes.

(Part 2 will run on Wednesday, Feb 22)

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Written on FEBRUARY 22, 2012 AT 7:48 AM *by* PROSS

Navigating Through Smoke, Confusion, Avoidance and Fear (Part 2 of 3)

Filed under UNCATEGORIZED [ONE COMMENT]

Capt. Richard Stoltz, commanding officer, Naval Hospital Guantanamo Bay and commander, Joint Medical Group

By Capt. Richard Stoltz, commanding officer, Naval Hospital Guantanamo Bay and commander, Joint Medical Group. Stoltz is a clinical psychologist who began his Navy career in 1986.

(Part 1 of 3 posted on Wednesday, Feb. 15)

What Continues To Heal

As research continues to help us navigate through all of this confusion, avoidance and fear, it is helpful to remember and understand what fundamentally has to occur for these individuals to experience long term healing. Quite simply, they need to confront, express, and accept the truth of what they experienced and how they truly feel about it. Just like the patient who could not stop smoking, they need to process through the conflicts they feel inside.

Sometimes the reality of what happened to these service members and their internal reaction to it is very stark and morbid — they might have seen their best efforts fail to prevent their comrades from being killed or even been involved in the accidental deaths of innocent civilians including children. Perhaps they made or believe they made a mistake that led others to die. Avoiding excruciating realities and our internal responses to them will never heal agonizing pain. In fact, avoiding the truth of these traumatic events perpetuates and intensifies our difficulties recovering from them.

When a patient, I'll refer to as Tim, was seven years old and at home one night sleeping in a separate bedroom from his younger brother, a fire started. Tim woke up coughing. His parents were gone. Tim tried to save his younger brother but failed.

For more than a decade Tim avoided everything related to fires. If he was watching TV and there was any image or scene of a fire, he left the room. When he enlisted in the service, he could not avoid fire fighting training. In response, early in his career he developed severe post traumatic stress symptoms. Nightmares involving fires increased their intensity and frequency. More and more often he experienced intrusive recollections of what happened

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when he was seven. He became more irritable and had more difficulty concentrating. On the verge of being separated from the service due to his disorder, he gathered the courage to engage in a comprehensive affective and cognitive review of what happened the night his younger brother died. When it was over, his symptoms greatly decreased and he was able to remain on active duty.

Treatment Methods

The specific methods or treatment techniques that are used to help a person face the truth are far less important than establishing a strong therapeutic relationship with the patient and remembering the direction healing efforts need to go. The best treatment for some may not be the best treatment for others. Whether we utilize social support, education, group therapy, mind-body medicine, virtual reality, hypnosis, spiritual counseling, behavioral techniques, cognitive therapy, mindfulness, meditation, or some other treatment, it is critical that the focus ultimately aim at the truth and processing through to acceptance of that truth. Service members who return from deployments and continue to experience high levels of depression, anxiety, or PTSD symptoms, often need help to achieve this goal. In most cases their journey will not be as simple or as straightforward as it was for Tim and the man who could not stop smoking. But, no matter how difficult it may be to navigate through the chaos and upheaval inside of themselves, facing and accepting the truth is what will set them free.

Confounding Factors

Often the most severe confounding factors are avoidance and fear. While post traumatic stress is a highly treatable disorder, post traumatic stress wounds do not automatically heal with time. In many cases, the longer the symptoms are avoided, the worse they become. Many people live with PTSD until they die. A common reason why these symptoms persist is fear. It's an elusive fear that often is not labeled as fear.

There is an inherent irony here: How can our nation's heroes, who bravely volunteer to enter battle against a ferocious enemy that never wears a uniform and is often unseen, allow fear to thwart their own healing? While service members consistently display great courage and a willingness to risk their lives for others, they respond to painful internal feelings and memories just like most of us do — they quickly aim to avoid them. Their survival in battle depends on blocking troubling emotions and flashbacks; they focus on the immediate task of staying alive and helping their fellow service members. However, when the danger has subsided and they are in safe places, they need to completely change their psychological strategy and unearth what they have blocked and buried. It is important for them to revisit their natural revulsion to horrific events and stop pushing them away when the traumas insidiously re-emerge into consciousness. If they fail to do so, they are at greater risk of developing PTSD and other significant psychological symptoms. To sleep well at night, they need to allow uncomfortable scenes and emotions wash over and through them.

Another common confounding factor is possible neurological complications from a traumatic brain injury (TBI). Fortunately, such injuries are usually mild and may not lead to long term neurological defects. Nonetheless, ensuring that the service member receives a thorough medical and psychosocial evaluation may be critical to treatment success. Additional complications include the presence of a variety of other physical injuries and a history of various traumas over the course of multiple deployments. Some service members may also develop unhealthy coping responses such as substance abuse and/or somatoform, conversion, and/or dissociative disorders. When these confounding factors are present, it is important to set realistic expectations and pace the treatment process.

(Part 3 of 3 will post on Wednesday, Feb. 29)

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Written on FEBRUARY 29, 2012 AT 8:19 AM *by* PROSS

Navigating Through Smoke, Confusion, Avoidance and Fear (Part 3 of 3)

Filed under UNCATEGORIZED [NO COMMENTS]

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By Capt. Richard Stoltz, commanding officer, Naval Hospital Guantanamo Bay and commander, Joint Medical Group. Stoltz is a clinical psychologist who began his Navy career in 1986.

(Part 2 of 3 posted on Wednesday, Feb. 22)

Prevention

As often noted, it is best to begin with the end in mind. Thus, how might we prevent service members from developing post traumatic stress disorder and high levels of depression and anxiety in response to harrowing events they experience while deployed? Below is a brief list; some of these are already being utilized.

Pre-deployment training needs to be as close to the real thing as possible. While deployments are unpredictable, it is helpful to provide specific information about what to expect during the deployment both before and shortly after the deployment begins. For example, what kinds of food and shelter will likely be available? How might this deployment compare and contrast with their prior deployments? What will their primary duties involve? Proactive involvement in providing realistic expectations strengthens mental preparation. The more we tell the truth to our deploying troops up front, the more likely they will express the truth when they return.

It is also best to educate them on the things that they can do to become more resilient. Resilience is a complicated subject that involves multiple factors. There is no firm agreement on what resilience is or on how to measure it. And, while some research is attempting to find genetic and neurological differences between resilient and non-resilient people, the focus here will be on things that we can do to increase our ability to quickly recover from trauma and adversity.

Obviously, chronically high levels of stress can decrease resilience. Therefore, strategies commonly considered to reduce stress such as exercise, good nutrition, healthy sleep and a

strong social support system will also serve to bolsters one's ability to withstand mental trauma. However, stress management is only one component of fortifying resilience. Learning how to prepare for and best respond to traumatic situations is another.

I once had a female patient whose young son was brutally murdered. The killer was caught and convicted. After being in treatment with me for several months for her grief, the mother, without any suggestion from me, decided to forgive the man who was found guilty of murdering her son. After doing so, she felt less burdened and functioned more effectively than ever before both as a mother to her surviving children and as a contributing member to her community. If we want to be resilient it is beneficial to work through and let go of our anger and resentments. It is helpful to focus more on understanding and less on blame, to realize and accept how flawed we human beings can be.

It is also valuable to recognize that sometimes things happen, often largely beyond our control, that throw our lives into upheaval. How much time do we take rebelling against these events before we finally accept that our life and perhaps our mission has changed? Accepting that life sometimes suddenly changes the cards we are dealt is far better than desperately seeking over and over again to get back the cards that are gone. Adopting an accepting attitude towards ourselves and our world makes a significant difference in how resilient we are.

Developing and enhancing a sense of purpose and meaning is another important component of resilience. It is my experience that those who examine fundamental spiritual and existential questions such as, "Why am I here?" and "What will happen when I die?" more effectively cope when distressing incidents occur. When something disturbing happens they are not shocked by crucial questions that they have never seriously considered before.

A final patient example – an alcoholic who killed an 18-year-old pedestrian while driving drunk. After going through huge doses of anger and anguish and gloom, and persistently fighting intensely within himself, he finally pleaded to a higher power, "What am I supposed to do?" After that his life started to move forward and he blessed the world with numerous acts of kindness.

When we confront our worst nightmares and fears, learn to grieve our losses, work through the pains from our past, follow the advice we so often hear in stress management classes, and have faith in the power of empathy and love, we are more likely to respond to highly stressful and traumatic situations with resilient acts of kindness and service instead of becoming overcome by confusion and fear and developing a pattern of avoidance that makes us more vulnerable to PTSD and high levels of depression and anxiety.

Of course, all of this is much easier said than done. And, all of us are vulnerable to being overwhelmed and needing help.

Reason for Hope

Although there is still plenty of smoke, confusion and fear obstructing our ability to navigate through and heal the psychological problems that returning service members experience, PTSD, depression, anxiety, and substance abuse are highly treatable conditions. We have learned important lessons from prior wars and far better understand how best to respond to those who wear the cloth of our nation. We recognize the importance of bringing home deployed troops with others who were deployed with them and ensuring that, in safe settings, they spend time sharing their experiences. Our culture and our health care system are becoming more sensitive to the common struggles they have endured. Our knowledge of and skill in implementing multiple treatment modalities continues to improve.

While the patient who could not stop smoking illustrates how our subconscious mind can

thwart our resilience, we are also increasingly aware of how our conscious mind can engage in healthy explorations to bolster it. We better comprehend the importance of gathering the moral, spiritual and psychological courage to face and sort through the truth. We know that what we consciously choose to do affects how our brain functions and how resilient we are.

Whether a person is facing a relatively simple and straightforward problem like smoking or suffering from a series of head injuries and psychological traumas, high-quality preparation and resilience training can bolster our spirits and lead to healthier responses. Even if we do not experience trauma, resilience lessons can lead to more meaningful and fulfilling lives. As long as our compass points towards the truth, we will not lose our way and we will improve our methods both to prepare and to treat those who so courageously venture into harm's way.

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